

U.S. Department of Transportation
Federal Aviation Administration

Application for Repair Station Certificate and/or Rating

1. Repair Station Name, Number, Location and Address

a. Official Name of Station Number

b. Location where business conducted

c. Official Mailing Address of Repair Station (*Number, Street, City, State & ZIP*)

d. Doing Business As:

2. Reasons for Submission

- ☐ Original Application for Certificate and Rating
☐ Change in Rating
☐ Change in Location or Housing and Facilities
☐ Change in Ownership
☐ Other (*Specify*)
- _____
- _____
- _____

3. Ratings Applied for:

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Airframe
<input type="checkbox"/> Class 1
<input type="checkbox"/> Class 2
<input type="checkbox"/> Class 3
<input type="checkbox"/> Class 4 | <input type="checkbox"/> Powerplant
<input type="checkbox"/> Class 1
<input type="checkbox"/> Class 2
<input type="checkbox"/> Class 3 | <input type="checkbox"/> Propeller
<input type="checkbox"/> Class 1
<input type="checkbox"/> Class 2 | <input type="checkbox"/> Radio
<input type="checkbox"/> Class 1
<input type="checkbox"/> Class 2
<input type="checkbox"/> Class 3 | <input type="checkbox"/> Instrument
<input type="checkbox"/> Class 1
<input type="checkbox"/> Class 2
<input type="checkbox"/> Class 3
<input type="checkbox"/> Class 4 |
|--|--|---|---|--|

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Accessories
<input type="checkbox"/> Class 1
<input type="checkbox"/> Class 2
<input type="checkbox"/> Class 3 | <input type="checkbox"/> Limited
<input type="checkbox"/> Airframe
<input type="checkbox"/> Engine
<input type="checkbox"/> Propeller
<input type="checkbox"/> Instrument | <input type="checkbox"/> Accessories
<input type="checkbox"/> Landing Gear
<input type="checkbox"/> Floats
<input type="checkbox"/> Radio | <input type="checkbox"/> Rotor Blades
<input type="checkbox"/> Fabric
<input type="checkbox"/> Emergency Equip.
<input type="checkbox"/> Non-Dest. Test | <input type="checkbox"/> Specialized Services (<i>specify</i>)

_____ |
|---|--|--|--|---|

4. List of Maintenance Functions Contracted to Outside Agencies:**5. Applicant's Certification**

Name of Owner (*Include name(s) of individual owner, all partners, or corporation name giving state and date of incorporation*)

I hereby certify that I have been authorized by the repair station identified in Item 1 above to make this application and that statements attached hereto are true and correct to the best of my knowledge.

Date	Authorized Signature	Printed Name of Authorized Signer	Title
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Agency Display of Estimated Burden: The FAA estimates that the average burden for this report form is 15 minutes per response. You may submit any comments regarding the accuracy of this burden estimate or any suggestions for reducing the burden to the Office of Management and Budget. You may also send comments to the Federal Aviation Administration, Aircraft Maintenance Division, AFS-300, 800 Independence Avenue, SW, Washington, DC 20591, Attention: OMB number 2120-0010.

For FAA Use Only

Record of Action
Repair Station Inspection

For FAA Use Only

6. Remarks *(Identify by item number. Include deficiencies found, ratings denied.)*

7. Findings - Recommendations

8. Date of Inspection

- ☐ A. Station was found to comply with requirements of FAR 145.
- ☐ B. Station was found to comply with requirements of FAR 145 except for deficiencies listed in Item 6.
- ☐ C. Recommend certificate with rating applied for on application be issued.
- ☐ D. Recommend Certificate with rating applied for on application *(EXCEPT those listed in item 6)* be issued.

9. Office

Signature(s) of Inspector(s)

Printed Names of Inspector(s)

10. Supervising or Assigned Inspector

ACTION TAKEN

CERTIFICATE ISSUED

Inspector's Signature

☐ APPROVED
as shown on certificate
issued on date shown.

Number

Date

Inspector's Printed Name

Title

☐ DISAPPROVED